marked symptoms of cerebral congestion. Patients who suffer from hallucinations always do; but of 193 of the latter class, treated with arsenious acid, 131, or 67 per cent. were cured, and 29 were sensibly and permanently improved. Hallucination has hitherto been considered as a symptom of madness; it is really but a complication of it, almost always a serious one; it is the most characteristic symptom of cerebral fever. Arsenious acid is an infallible specific in this disorder. The dose varies from five to sixteen *milligrammes*, administered thrice during the day, before meals.—*Brit. Med. Journ.*, Oct. 26, 1867.

30. *Bromide of Potassium in Epilepsy.*—M. NAMAIS has communicated a note to the French Academy on the therapeutic employment of bromide of potassium in epilepsy. His experience confirms and extends the statements that first emanated from the Edinburgh School of the benefits of this method of treatment. Fifteen grains thrice daily was usually given by this physician; but on one occasion, so large a quantity as 220 grains was administered in twenty-hours. By this, however, delirium and inability for movement were caused. The employment of the drug had therefore to be suspended; but during this suspension the epileptic fits became again frequent and severe, and only diminished on a return to this remedy in more moderate doses.—*Comptes Rendus,* 20 Mai, 1867.

Recent investigations have shown that the paralytic symptoms of such an overdose as M. Namais administered are among the physiological effects of bromide of potassium. M. Laborde has made a most extensive series of experiments, from which he concludes that this substance has no special action on the encephalon, heart, muscles, or nerves; but that it mainly influences the spinal cord, and that by suspending its reflex function.—*Comptes Rendus,* 8th July, 1867.

Eulenburg and Guttmann have also found that paralysis is the most prominent symptom of a large dose, and they agree with Laborde in ascribing this paralysis to an action on the spinal cord.—*Ed. Med. Journ.*, Nov. 1867.

31. *Compound Tincture of Benzoin in Chronic Dysentery and Mucous Diarrhœa.*—W. N. CHIPPERFIELD, Act. Phys. General Hospital Madras, states (*Madras Quarterly Journ. of Med. Sc.*, June, 1867) that he has employed the compound tincture of benzoin in chronic dysentery and mucous diarrhœa. The following is the formula he generally uses:—

For Adults.—℞.—Pulv. acaciæ, gr. xxx; tinct. benzoin. comp. fʒj—fʒij; tinct. opii ♏xx—♏xl; aq. fontan. vel carui, ad f℥vj.—M. A fourth part to be given every four hours.

For Infants and Children.—℞.—Tinct. benzoin. com. fʒj; vini ipecac. fʒj; syrupi f℥ss; aq. fontan. ad ℥ijss.—M. One to three teaspoonfuls every two, three, or four hours.

"Should the stools," he says, "be frequent, very relaxed, but semi-feculent, from fʒss to fʒj of the compound tincture of kino may be added to each dose for adults, and a proportionate quantity for children; or the infusion of cusparia or decoction of hematoxylon may be used as a vehicle instead of water. If opium be contraindicated, it may be omitted; or, if necessary, a proper quantity may be added to the mixture for children.

"The exhibition of benzoin does not in the least interfere with the giving of other remedies when deemed necessary. Thus in asthenic and scorbutic cases, quinine (liquor quinæ amorphous) may be added in any needed quantity to the mixture; or one or two doses may be replaced by a draught containing from ♏xx to ♏xl of liquor ferri pernitratis. Lime juice or Bael sherbet may be given with the medicine.

"When laxatives are needed to insure the emptying of the bowel, castor oil, or rhubarb, or jalap may be given in the early morning, the benzoin being continued through the day. From half a grain to a grain of podophyllin, with a grain of opium or half a grain of extract of belladonna, given at bedtime is an adjunct to the benzoin treatment, which I often use with advantage when the liver is inactive. This dose may be given for three or four consecutive nights, or it may only be required once or twice a week. Absence of bile from the stools, an icteric tint of the conjunctiva, and the presence of bile pigment in the urine, are guides to the exhibition of podophyllin, provided there are no signs of obstruction. The benzoin mixture may also be alternated with the mineral acids when their use is indicated."

32. *Intestinal Puncture in Asphyxiating Pneumatosis.*—Under the advice of Dr. FONSSAGRIVES, intestinal puncture, as a last resource, has been several times practised at Toulouse on two patients suffering with tympanitis. In the first case, the abdomen formed an immense mass; the patient was perfectly cyanosed and suffocating. On July 15th, M. Lafargue inserted an exploring trocar into the most distended part of the lower umbilical region. The gas escaped so violently as to extinguish a candle. The danger of asphyxia was thus removed; but the distension reappeared the next day, notwithstanding the use of ice and compression. Two fresh punctures were made in different places, and gave so much relief that the life of the poor patient was prolonged until July 20th, when he succumbed to his disorder without suffering from the other complication. The success and the harmlessness of the operation are still more evidenced in a second case, in which, notwithstanding all the means employed, Dr. Ressequet found the patient half asphyxiated. He made a puncture without any ulterior trouble, and five others were afterwards successively made, until the gases were naturally evacuated, and the patient cured. These cases give solid reasons for the practice of this method, so apparently dangerous, but so really harmless.—*Brit. Med. Journ.*, Nov. 16, 1867, from *L'Union Médicale*, Oct. 23, 1867.

33. *Non-Communicability of Cholera to the Lower Animals.*—In the *Nederlandsch Archief* (III. 1 Aflevering) Drs. H. SNELLEN and H. G. MILLER, detail a number of experiments performed with a view to solve the question: *can cholera be communicated to the lower animals?* They were made, during the epidemic of 1866, so fierce in Utrecht, on pigs, dogs, monkeys, rabbits, poultry, pigeons, frogs, and fishes. "In thirty-seven instances food mixed with feces was administered. The fecal matters were derived from different cholera-patients, quite fresh or in different stages of decomposition. Seven times they administered vomited matters; eight times different parts of the body; once a poultice which had lain on a cholera-patient Moreover they five times used hypodermically the feces, vomited matter or blood of a cholera-patient, twice such matters were injected into the jugular vein, once they were given in the form of enema. On one animal the inspiration experiments were fully tried, on all the others they were tried in some degree, all having been exposed for a longer or shorter period in a damp cellar to the exhalations of the matters employed. Similar experiments were performed at Amsterdam by Drs. Stokvis and Guye, and in Berlin by Drs. P. Guttman and A. Baginsky. A retrospect of all these experiments leads to the conclusion, that to the animals operated on, *cholera is not communicable by infection.*

Are animals then not susceptible of cholera, or is it not by infection, that this disease is transmitted? From the results of their own further investigations, as well as from the experience of the directors of the Zoological Gardens at Rotterdam and Amsterdam, the authors come to the conclusion that animals are not susceptible of cholera. "It is remarkable," they say, "that the statements respecting cholera in animals appear the more positive and convincing, in proportion as they are of older date, and come from more distant parts." They show that "before a coexistent epizootic be admitted to be cholera, sound criticism requires: 1, that there be conformity in the morbid process; 2, that anatomico-pathological conformity be established on post-mortem examination; and 3, that the outbreak of the epidemic also do not want the marks recognized as peculiar; this last, with respect to the time and place of outbreak, as well as to the nature of the contagion.

"At present 'rinderpest' prevails contemporaneously with 'cholera as an epizootic. No one, for this reason, thinks of a connection between cholera and rinderpest. If the facts connected with the subject were less known to us, as is the case with communications of earlier date and from more remote localities,